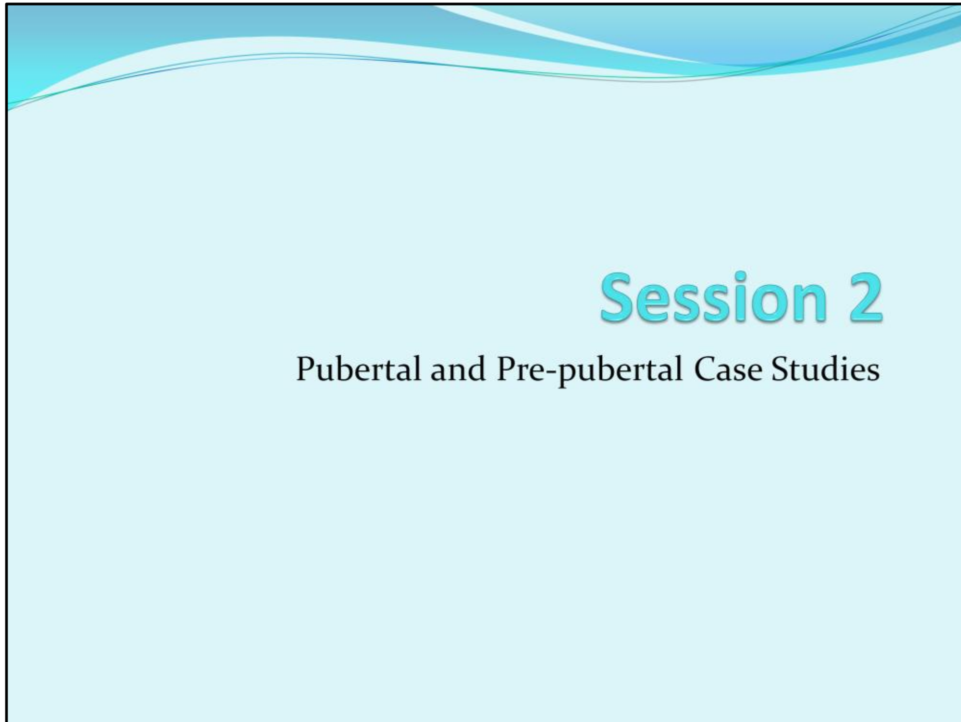


Instructor: These are 2 case studies that we will be using to go through the pocket tool
Please take out the tools to use as we discuss these cases

Mandated Reporting

- If there is reasonable suspicion of sexual abuse, all 50 states require reporting to the appropriate authorities
  - Law enforcement
  - Child welfare (child protective services)
- Users of this tool should be familiar with reporting requirements in their state

A reminder about mandated reporting is needed. As all providers should know, if there is reasonable suspicion of child maltreatment including acute sexual assault or acute sexual abuse involving a minor, a report should be made to appropriate authorities, usually law enforcement and child protective services. All 50 states require reporting of suspected child maltreatment including child sexual abuse and assault.

For reference and links to resources refer to Brown, J. Physicians have ethical, legal obligation to report child abuse. *AAP News* 2012;33(3) accessed 3/7/12 on line at http://aapnews.aappublications.org/content/33/3/20.1.full

Gilbert R, et. al. Recognising and responding to child maltreatment. *Lancet*.2009;373:167-80

Chief Complaint: “He raped me.”

This is a common scenario that presents to emergency rooms. We will review this case along with the Pocket Tool guideline to direct our care for this patient.

HPI

- 17 year old female
- Walking through the park after school – 4:30 PM. Raped by adult male stranger.
- Penis to vagina contact- force used
- Ejaculation- probable, but not certain
- No condom used
- Presents to ER - 8 PM

This is the HPI that you as a health care provider obtained on intake.

What other information would you think is needed in order to provide care for this patient? Please refer to the first section of the **tool** to help with the specifics of what other questions are needed to be asked.
(Pause briefly to look at tool- **History** section)

The specific details of the incident to obtain in the HPI include:

- Details of incident: Who, what, time, date, where, all types of contact: p/v (penis-vagina),p/m (penis-mouth), p/a (penis-anus), hand/genital, mouth/vagina, penetration, bite, kiss, pain/bleeding and ejaculation.
- Timing: The date and time is important in providing care for her to determine if the evidence kit is recommended. If it occurred within the last 72 hours, emergency contraception and STI prophylaxis is needed.
- "Who" is important in evaluating the risk of HIV exposure, especially if the perpetrator is unknown and there is injury. If the patient can identify the perpetrator, a potential option is to have the police get the perpetrator tested for HIV.
- The type of contact and where on the body is important, especially bite and kiss, because these areas can be swabbed for DNA and included in the evidence kit.
- The details regarding bleeding is important as it indicates injury.
- Other important questions include if drugs or alcohol were used in order to know

about testing for date rape drugs.

PMH

- No chronic illness
- NKDA
- Immunizations UTD
- LMP – 6 days ago
- Menarche age 12

This is the past medical history that you have so far. What other important medical history needs to be explored? You can refer to the **tool** for other questions that need to be asked.
(Pause briefly to look at tool -**History** section)
Past medical history needed:

- Age of menarche,
- Last menstrual period- Her LMP is important to help with the discussion of emergency contraception.
- Relevant sexual history including use of contraception- The sexual history is important for medical and forensic reasons. If she is having consensual sex we may not want to obtain a urine NAAT since investigators may misinterpret a positive test as due to the assault. If the NAAT is positive, it could be from her consensual activities and not this assault. Typically, standard of care is to perform cultures or NAATs in an adolescent assault victim however this is controversial. A positive result does not necessarily indicate a prior infection since it may be positive from the assault and semen inoculum. Sometimes a positive result is misused in legal proceedings to imply that the victim was promiscuous, so some providers opt to treat prophylactically rather than obtain a culture or a NAAT when the victim is an adolescent. Providers should follow their local standards in regard to performing cultures or NAATs at the time of the assault evaluation.

- Medications and Allergies- You also need to ask if she is on any medication, including contraception since this will be important in your medical management and pregnancy prevention.
- Immunizations- You also have to make sure that her shots are up to date including Hepatitis B and the Td because if they are not, then you will have to administer Hepatitis B vaccine, HBIG, Td and tetanus immune globulin (globulin only if there are injuries).

ROS

- Genital pain- level 4
- No LOC
- Denies drug or ETOH use
- Bleeding in her underclothing noted after incident

What other review of systems and symptoms are important to be asked in order to provide care for her?
You can refer to the **ROS section** on the **tool** for other important questions.
(Pause briefly to look at tool)
Specifically, the review of systems should focus on:

- Pain- It is important to you to clarify where the pain is. It is also important to note if it is from her vaginal or rectal area.
- The other questions that you should ask are guided by the tool and should include:
    - Other anal, genital, and oral symptoms including vaginal/anal itching, bleeding or discharge
    - Abdominal/pelvic pain or other areas of discomfort.
    - Urinary symptoms including dysuria, frequency, urgency or bleeding.
    - Dysfunction of elimination including constipation
    - Behavioral changes including sleep, fatigue, appetite and activity questions.

Physical exam

- Swab is used to better visualize the posterior hymen.

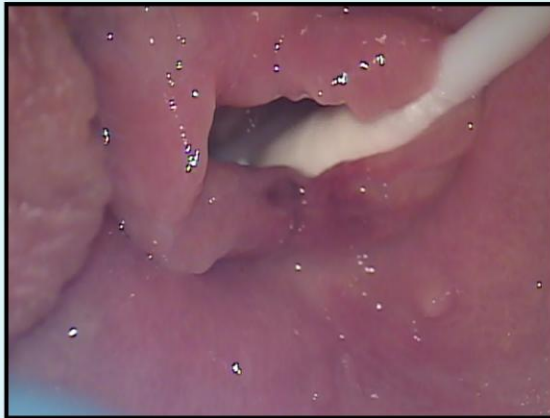


Photo - Owned by and provided with permission of Lynn K. Sheets, MD

Instructor:

- Here is the finding on physical exam. There is a transection on the hymen at 6 o'clock with associated bruising.
- Swab is used to better visualize the posterior hymen.
- This technique is effective in pubertal children but is not tolerated in pre-pubertal children.

Physical Exam and Evidence Collection

- Physical Exam
  - Sexual Maturity Rating (Tanner Stage) V pubic hair
  - Transection /complete interruption noted on hymen at 6 o'clock with associate bruising
  - No discharge
  - No bleeding present at time of exam
- Evidence Collection
  - Rape kit collected
  - Wood's lamp – no fluorescence

Here are your exam findings. What other important parts of the physical exam need to be done, after reviewing the **tool**? (Pause briefly to look at tool - **Physical** section) One important area is to document all injuries such as bruises, abrasions or cuts and this should be noted in your documentation on your note, body diagram or photos:

- All anogenital exam findings and injuries need to be documented by photos via a colposcopic and/or digital camera.
- A speculum exam is preferred in a teenager in order to obtain vaginal and cervical swabs for the evidence kit.
- If the patient can not tolerate a speculum exam try to perform a deep vaginal swab to obtain DNA evidence.
- Follow the instructions in your state's evidence collection kit. The sexual assault evidence collection kit has instructions on how to obtain the various swabs. The buccal standard swab is essential along with others that include oral, external genitalia, rectal, bite/lick/kiss areas, pubic hair, dental floss, fingernail, any foreign debris, or areas of dried secretion based on history. Generally, if a swab is not collected, then you should note why it was not collected on the envelope. It is important to remind staff to put clothing that will not fit into the kit into a paper bag and seal it for evidence collection.
- The Wood's lamps should be performed in the beginning of the exam in order to direct your evidence collection of dried secretions. The lamp uses ultraviolet light to detect secretions such as semen, however it does not do so reliably. It is simply a tool that is used along with the history and visual inspection to guide evidence

collection.

Assessment

- Document:
  - “Hymenal transection and contusions at 6:00 in the supine position. The findings were confirmed through the use of a swab.”
  - “Injuries are consistent with penetrating trauma and are consistent with the patient’s medical history of acute sexual assault”

This is the diagnosis/assessment for this patient given the medical history and physical exam findings. How you document will be based on your role in your medical setting. The physician or advanced practice provider will make a medical diagnosis and a nurse examiner may document the nursing assessment and findings. It is important to document your findings clearly.
The diagnosis and extent of injury will be important in your treatment plan of care, especially if considering HIV prophylaxis.

Labs

- Urine:
  - Urine pregnancy – negative
  - UA notable for large blood, 0-5 red blood cells per high power field
  - Urine drug screen not indicated in this patient
- Blood:
  - HIV (pending),
  - Hepatitis B & C (pending),
  - RPR (nonreactive)

Here are the basic lab tests performed for this patient based on the previous HPI, ROS, and physical exam.
Please refer to the **tool** under **lab** section to review what the patient would need in this situation.
(Pause briefly to look at tool)
Urine tests needed:

- Urine testing should include a pregnancy test first in order to know what medications may be given for STI prophylaxis and to determine if pregnancy prophylaxis is needed.
- A urinalysis also may be needed based on the patient symptoms. The UA is also helpful in looking for sperm and trichomonads if sent to the lab promptly.
- A urine drug investigation test for confirmation of drug exposure may be needed however the provider should select a test that includes confirmatory testing. A confirmatory test should be performed for any positive results since the test may be used in court. Also keep in mind that standard drug investigation screens might not include 'date rape drugs' such as GHB/Rohypnol/Ketamine. If date rape drugs are suspected, you should obtain urine especially if the assault has been with in the last 4 days. Do so according to your state guidelines. In this patient, she reported no loss of consciousness or gaps in memory, so a drug test would not be needed.
- The blood tests that are needed for this patient were done.

Blood tests needed:

- These included HIV, RPR, Hepatitis B panel and Hepatitis C were indicated due to high risk which includes bleeding and injury and an unidentified perpetrator.

A baseline HIV test is needed prior to starting PEP (Post exposure prophylaxis).
If the status of Hepatitis B is unknown do serology (Hepatitis B surface antibody will be positive if vaccinated).

Labs continued

- STI/ Cultures
  - Cultures and /or NAAT testing
  - Vaginal wet mount, whiff, pH

  Optional
  - Urine culture
  - Trichamonas culture
  - Herpes culture

These are other additional test that may also be considered on an individual basis. Refer to **tool** –**Lab**- (Pause briefly to look at tool)
The optional labs are based on the physical exam and ROS:

- The STI testing including cultures are not needed for forensic purposes. Cultures remain the "gold standard" for legal purposes however STI's are rarely important from a forensic perspective therefore NAATs are appropriate(urine, vaginal or cervical) for medical screening for STI's in pubertal children.

A speculum exam should be attempted as part of the evidence collection kit, and if preformed try to obtain vaginal and cervical swabs for NAAT's. If you are unable to perform a speculum exam try a "blind" vaginal swab.

Many experts will recommend universal "baseline" STI screening and prophylaxis in this age group because of the prevalence of pre-existing asymptomatic infection is high as a risk of ascending infection in females. However cultures and or NAAT's do not represent baseline status since inoculum (semen) may be the cause of a positive results. The test may also be used against the patient in court to imply the patient is promiscuous or sexually active. Therefore prophylaxis/presumptive treatment without screening is also a reasonable alternative in some teenage patients.

The other lab test that may be needed are based on ROS - symptoms such as vaginal discharge and dysuria or sores noted in the vaginal area.

Medical Treatment (Prophylaxis in the acute clinical setting)

- Anti-emetic:
  - Ondansetron hydrochloride 4 mg PO x 1
- General STI prophylaxis:
  - Cefixime 400mg PO x 1
  - Azithromycin 1 GM PO x 1
  - Metronidazole 2 GM PO x 1
- Pregnancy prophylaxis:
  - Levonorgestrel 1.5 mg PO x 1
- HIV prophylaxis:
  - Emtricitabine/tenofovir combined therapy- 1 tab PO started in ER (if the family opts for prophylaxis)

Here are the prophylaxis treatment medications that should be considered and used.
Refer to **tool - Medical treatment** –(Pause briefly to look at tool)
These were the medications started on this patient during her ER visit.
These are the medications that are recommended by the CDC. This presentation uses the 2010 recommendations from the CDC web site, however you should refer to the CDC website for the most current recommendations (http://www.cdc.gov/std/default.htm). Again treatment is recommended because prevalence of pre-existing asymptomatic infection is high as is the risk of ascending infection in adolescent females. Follow- up is also less certain in teens so presumptive treatment (without culture or NAAT) could be considered:

- Ondansetron hydrochloride should be administered prior to the other STI medications to help with the nausea side effects.
- General STI prophylaxis- Use the CDC guidelines to guide treatment. Usually prophylaxis is indicated against chlamydia, gonorrhea and trichomonas
- Pregnancy prophylaxis- Levonorgestrel 1.5 mg should be considered in post-pubertal patients seen within 120 hours of sexual assault. You need to always obtain a negative urine beta-hCG prior to prophylaxis. You should also provide the information sheet regarding pregnancy prevention pills and discuss this with the patient and/or family prior to implementation.
- You can refer to the CDC STD Treatment Guidelines if you need an alternative treatment based on the patient's allergy history.
- HIV prophylaxis- In this patient, Emtricitabine/tenofovir was given based on the

PEP guidelines developed for HIV prophylaxis after sexual assault and after discussion with the child and her family. If your organization does not have this available they should refer to the CDC guidelines on PEP and/or the AAP Red Book, and should consider consulting a specialist if there are questions. If HIV PEP is initiated, additional labs may be recommended. It is important to start HIV PEP medications with in 72 hours of the assault. You also need to emphasize the importance of taking the medication for the entire 28 days. It is very important to discuss the side effects too and have the child follow up with her primary care physician within 2-3 days.

- Immunizations- This patient's immunizations were UTD therefore the Hepatitis B vaccine and Td were not needed.
- If the perpetrator is available for testing, some prophylaxis recommendations might change. Consult a local expert such as a pediatric infectious disease physician.

Medical Treatment (after patient leaves acute clinical setting)

- HIV prophylaxis: Prescription given for Emtricitabine/tenofovir for 28 days
- FU PCP 2 weeks – pregnancy test and labs post HIV PEP
- Labs – 1 month – HIV, RPR, Hep B
- Labs – 3 month – HIV, RPR, Hep B and C
- Labs – 6 months – HIV, RPR, Hep B and C

These are the additional medical treatment follow-up visits needed for this patient:

- The medical follow up for these patients can be coordinated by the patient's primary care provider who will need to help manage the side effects of HIV prophylaxis as well as other aspects of the after care.
- If prescriptions are given, you need to make sure the patient/family will be able to get them filled upon discharge. This is especially the case in starting HIV PEP such as Emtricitabine/tenofovir. You should make sure they have a pharmacy that is able to fill HIV PEP prescriptions since not all pharmacies can do so.
- Follow up instructions should be clear for the patient and family especially for the additional labs that will be needed. This is a stressful time for the patient so having these written down for follow up may help with compliance. An "after care" form is a helpful guide for the family but is outside of the scope of this presentation. Your local Sexual Assault/Rape Crisis center likely uses such a tool and may be willing to share their template with you.
- Her follow-up lab work is based on the history and presence of injury and can be performed by her primary health care provider.

Follow up

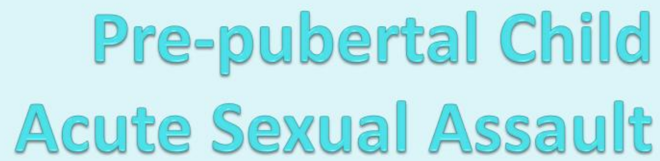
- Primary Care Physician (PCP)
- Surgical follow-up if needed:
  - OB/GYN or
  - General surgery

Please refer to the tool for other possible follow up that may be needed if there were injuries.
Refer to **tool - Follow-up** (Pause briefly to look at tool)
This patient will need to follow up with her Primary Care Provider or other medical provider in 2 weeks for a pregnancy test and additional lab tests such as serum chemistry and liver function tests since she was started on HIV PEP medication. She will not need follow up STI testing since she was given the STI prophylaxis. The follow-up visit also serves as a venue for discussion of other concerns that the patient may have. Children who have experienced a sexual assault or sexual abuse often have concerns related to virginity, future child bearing, and other topics that may need to be addressed on a case-by-case basis.
Other referrals that may be needed on other patients include surgery or OB/GYN if there is severe injury that was repaired surgically.

Referrals

- Counseling resources
- Community advocacy resources
- Primary Care Provider
- Child Welfare (Child Protective Services)
- Law Enforcement

Instructor:
Please refer to **tool - Referrals** (Pause briefly to look at tool)
It would be helpful to have counseling resources available for the patient and family to follow up with.
These resources should be city and county specific.
This tool has the specific resources for patients seen at Children's Hospital of Wisconsin. This can be modified for their county on this tool.
It is important that you have your local Child Welfare and Law enforcement numbers easily available to assist the patient in the investigation of this situation.



CC: 8 month old with vaginal laceration

This is a scenario that would usually present to an emergency room. We will review this case along with the Pocket Tool guideline to direct our care for this patient.

HPI

- Timeline:
  - 6:30 AM-Mother dropped off child at day care
  - 3:30 PM- Day care called the mother at stating that the baby's stools are loose with every diaper change and bottom is "pretty raw"
  - 4:00 PM- Father picked child up from day care and took her to grandmother's house
  - 4:45 PM- Grandmother changed diaper and bottom did not look right, notice blood when wiped, but did not look red
  - 8:45 PM- Grandmother brought baby home and the mother saw blood spots on diaper and "tear" and took to hospital
- Outside hospital transferred child to tertiary care hospital (your hospital) for further evaluation
- No prior concerns about sexual abuse

This is the history provided from the mother when she brought the child to the emergency room.

What other questions need to be asked?
(Pause briefly to look at tool - Look under **History** section)

- In pre-pubertal children who are nonverbal the type of contact may not be known. The differential diagnosis of bleeding in a pre-pubertal child should include straddle injury (if the child is walking and injuries are primarily anterior and external), severe diaper dermatitis, anal fissure, infections, sexual abuse with penetrating or non-penetrating trauma and other, less common causes.
- The other specifics of the incident also may not be known, therefore the date and time of change in child condition will be important in your comprehensive care and evidence collection for this child.
- If penetrating injury due to sexual abuse is suspected, keep in mind that the specific mechanism or agent causing the injury cannot be known sole on the basis of the injuries. A finger, penis, other body part or even foreign body can be used by perpetrators of sexual abuse/assault. It is important not to conjecture about what implement may have caused the injury. If this child was sexually assaulted, it will not be know if ejaculate is present since the child is nonverbal and definitive crime lab testing has not yet been performed.
- The other key elements of the medical history were obtained. Prior sexual abuse was not a concern with this patient, however you have to be aware to ask about prior sexual abuse concerns and prior GU surgery in children with a concern for acute sexual assault as it could affect your interpretation of physical findings. Keep in mind that pre-pubertal children who have been chronically abused may need acute sexual assault evaluations if the last episode was in the previous 72 hours.

Past Medical History

- Birth HX
  - Mother received regular prenatal care
  - 37-38 weeks gestation
  - BW 7 pounds 7 ounces
- NKDA
- No hospitalizations, surgeries, injuries or serious illnesses
- Medication – Albuterol
- Immunizations- UTD

Instructor: This is the medical history that was obtained.
What other medical history that is pertinent to know?
(Pause briefly to look at tool **- History**)
The relevant past medical history should be obtained including any prior surgeries, medical treatments, GU/Anal concerns and problems with elimination. The immunization status is important especially since there is concern for an injury.

ROS

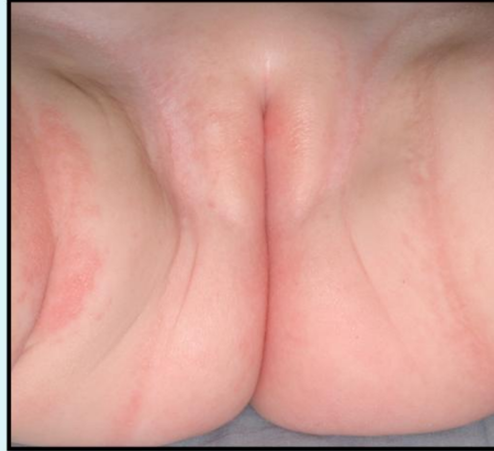
- No fevers, illness or problems with elimination prior to daycare today
- 5 loose stools reported by daycare
- Blood spots noted in diaper that evening
- Prior history of wheezing – prescribed albuterol
- All other systems are negative

What other ROS are needed to be asked?
(Pause briefly to look at tool - **History** section)

The ROS, especially genital bleeding, discharge and problems with elimination are important in assessing this child. Specifically consider:

- Has there been anal or genital itching, discharge, redness and perceived pain?
- Obtain a detailed diet and elimination history including the specific descriptions of unusual stools. It is difficult to assess dysuria and urgency in a infant in diapers.
- Find out where the blood was on the diaper and how they knew it was blood since consumption of some foods, drinks or medication can mimic blood.
- The child's behavior can be a clue to pain symptoms such as increased fussiness and crying, especially with diaper changes.

Physical Exam- Overall appearance



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There is some redness in the skin fold creases of the right thigh and medial labia bilaterally. Otherwise, the external genital area appears unremarkable.

Physical exam – operating room

Exam in OR:

- Erythema and ecchymosis to vaginal vestibule, hymen and posterior vaginal wall.
- Laceration to hymen at 6:00 in the supine position

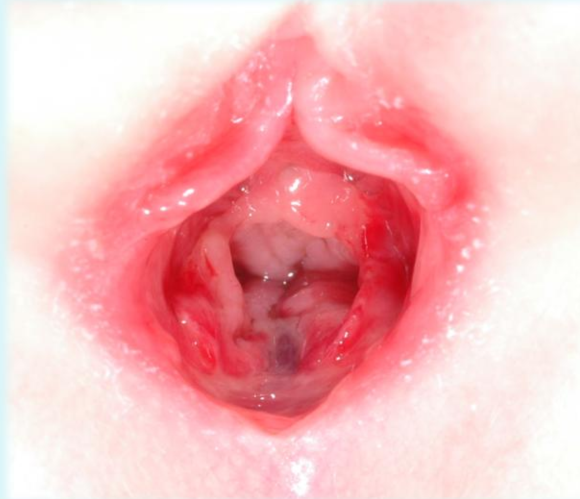

Photo - Owned by and provided with permission of Lynn K. Sheets, MD

Here is a photo of the injuries noted in the operating room.
Specifically her exam revealed:

- Sexual Maturity Rating (SMR) or Tanner Stage- 1 pubic hair
- Labia majora unremarkable for external trauma; slight erythema thigh folds
- Clitoris and urethra unremarkable
- Labia minora- erythema bilaterally in the interlabial sulci
- Hymen- transected 6 o'clock; contusion on the hymen between 1 & 5 o'clock and between 7 – 11o'clock; scattered submucosal hemorrhages on hymen
- Laceration from edge of perineum through posterior commissure, through fossa navicularus into vaginal vault (posterior commissure and fossa navicularis extension of the laceration are not well seen in this photo)
- Blue-purple contusion posterior vaginal wall associated with laceration
- Anus normal

Physical Exam and Evidence Collection

- No other injuries noted on complete physical exam
- Woods lamp negative
- Evidence kit collected in the OR including: external genitalia, vagina, rectum, foreign debris from vagina, oral swab dried secretions from labia and buccal swab.

These are the exam findings.
What other physical exam findings are needed to be assessed in this child?
(Pause briefly to look at **Tool – Physical & Medical Treatment)**

- Who would you consult with based on these findings? Surgical services were consulted due to the laceration.

- What other parts of the physical exam need to be done? A complete "head-to-toe" assessment or physical exam should be performed. Accurate documentation is very important and should include clear documentation of all injuries such as bruises or abrasions through your written note, body diagram and photos. Photos are an important tool in medical documentation of suspected abuse and should be performed if possible. Photography should be of high quality with medical quality resolution.

- The woods lamps should be performed in the beginning of the exam in order to help direct your evidence collection of any possible dried secretions.

- The sexual assault evidence collection kit has instructions on how to obtain the swabs. The kit should be modified for use in a pre-pubertal child including avoiding any speculum exam. If the child has an exam under anesthesia, the kit should be collected in the operating room. The kit swabs should be obtained without causing the child additional trauma or distress. Remember to collect the diaper/clothing and place in a paper bag if the items do not fit in the evidence collection kit.

Assessment

- Diagnostic of acute severe penetrating genital trauma
- Highly concerning for sexual abuse or physical abuse
- In the absence of any plausible history, these injuries are diagnostic of abuse with penetrating vaginal trauma

Here is the assessment of this child's medical injuries.

Labs/Radiology

- Labs:
  - STI cultures not performed
  - HIV
  - RPR
  - Hepatitis C
  - Hepatitis B panel
- Imaging: Skeletal survey – healing fracture in right proximal tibia manifested as sclerosis

These are the labs and x ray's that were performed.

(Pause briefly to look at **Tool- Lab**)

These are the tests needed for this patient based on her age and injuries:

- Cultures not performed in this child at the time of the acute exam- "Baseline" STI testing for GC/CT are not usually necessary in most cases for pre-pubertal children at the time of the initial acute sexual assault evaluation since there is a reasonable presumption that there was no prior sexual contact. In the case of a child under 3 years of age, one might perform initial cultures if a pre-existing infection from vertical transmission at the time of birth is suspected. Initial testing should also be considered if signs or symptoms are present or the child has another STI or if chronic abuse is suspected.
- Follow-up cultures are best done 2 weeks after contact. A urine NAAT maybe obtained but should not be used as your only test prior to treatment. Cultures are the gold standard in pre-pubertal children. Cultures for STIs and non-STI organisms should be performed if there was a suspicion of genital contact by the perpetrator, if there are symptoms in the child or if the parent requests. A bacterial culture for predominate organism is recommended if there is discharge or redness as discharge may be due to non-STI pathogens.
- A UA may be obtained in some pre-pubertal cases; the best way of collection is by bag and not by catheterization.
- Other lab-
  - Other optional labs include herpes culture if lesions are present – order HSV shell vial with typing .
  - A urine culture also should be considered if indicated based on the child's symptoms.
  - Labs for date rape drugs or other drugs of abuse were not indicated in this patient, but should be considered in other pre-pubertal children based on their history if there is a concern.
  - The blood work for HIV, RPR and hepatitis is important especially since there is injury and bleeding and you are not sure of the source of the penetration; this will help guide medical treatment.
- Both sexual and physical abuse can result in genital or anal injuries. Consider evaluation for physical abuse especially in infants and toddlers (children under 2 years of age) with suspected physical abuse. In this case, a skeletal survey was ordered to assess for any other injury since physical abuse was on the differential diagnosis list. Please refer your to your institution's guidelines or local experts for further information about the medical evaluation of child physical abuse.

Medical treatment

- Surgery Consult
  - OR to repair laceration – 2 sutures
- Discuss STI risk with family
- Discuss and consider HIV Prophylaxis
- Assess need for any other prophylaxis including hepatitis and tetanus
- No treatment indicated for healing tibia fracture per orthopedics

These are the medical treatments indicated for this patient.
(Pause briefly to look at **tool – Medical Treatment)**

- The infant will need follow up by surgery after the exam under anesthesia.
- Despite the fact that STI post-exposure prophylaxis is not usually indicated in a pre-pubertal child following acute sexual assault, this should be discussed with the family including plans for cultures at follow-up visits.
- You need to consider HIV prophylaxis since there was significant injury and uncertainty of how it occurred. You should refer to guidelines established at your institution in providing this option to the patient and family.
- In this patient, her immunizations were UTD. However if she was not current on immunizations, you would need to consider Hepatitis B vaccine, HBIG, tetanus immunization and Tetanus immune globulin.

Follow up Care

- 2 weeks later- testing for STIs
- HIV testing 1 month, 3 month, and 6 months later
- Repeat RPR and hepatitis serology as directed by your institution's guidelines and CDC.
- Surgery clinic in 1 week

These are the follow up instructions provided for this patient.

(Pause briefly to look at **tool – Follow-up**)

STI testing should be done at a Child Advocacy Center, however if there is no Child Advocacy Center available, the child's primary care physician could also perform follow-up.
The primary care provider can also coordinate the necessary blood test for HIV, RPR and Hepatitis testing if necessary.

Referrals

- Counseling resources for the family and infant mental health resources if available
- Primary Care Provider

Here are some resources that were provided to the family.
(Pause briefly to look at **tool – Referrals**)
You need to discuss what other referrals and resources the patient/family may need. These resources will be unique to each institution.
Counseling resources can be provided for both the patient based on their age and family members to help them deal with the situation.

The tool should have the specific resources for patients seen at your institution. This information may be printed on a sticker to place on your tool. Consider developing a separate resource sheet for your patients. If desired, Children's Hospital of Wisconsin may be contacted to modify the tool for a fee and provide professional quality copies of the tool that includes resources specific to your area.
It is important that you have your local Child Welfare and Law Enforcement numbers easily available to assist both providers and the family in cooperating with the investigation.